

FmHA Instruction 2048-D  
Exhibit A

UNITED STATES DEPARTMENT OF AGRICULTURE		1. AGENCY CODE 07	2. EMPL. OFF. CODE 0623	3. PERSONNEL POSITION NUMBER MS1731	4. STANDARD JOB NUMBER	FLSA STATUS 1 0-NO 1-VES		SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE
<b>POSITION DESCRIPTION</b>									
5. SENSITIVE POSITION CODE 0 0-NO 1-1-NON-CRITICAL 2-2-CRITICAL		6. REASON FOR SUBMISSION CODE 1 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.			4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.		7. C.S.C. CERTIFICATION NO.		
							8. DATE OF CERTIFICATION		
							9. DATE RECEIVED FROM C.S.C.		
10. CLASSIFICATION ACTION					11. CLASS		12. EFFECTIVE DATE (APPROVAL DATE)		13. INITIAL
CLASSIFIED BY -	OFFICIAL POSITION TITLE				PAY PLAN	OCCUP. SERIES CODE	GRADE	MONTH	DAY
CSC									
DEPARTMENT									
AGENCY	Classified under delegated authority:								
FIELD	Clerk Stenographer				GS	312	03	10	27
									74 Delegate
14. OFFICIAL POSITION TITLE (ABBREVIATED) CLK STENO					15. WORKING TITLE, IF ANY (ABBREVIATED)				
16. FULL WORKING TITLE, IF ANY									
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION	
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME
07	01	23	0008					Jackson	MS
								STATE CODE	CITY CODE
								23	1220
								COUNTY CODE	049
19. NAME OF AGENCY Farmers Home Administration								FIFTH LEVEL	
SECOND LEVEL Office of the Administrator								SIXTH LEVEL	
THIRD LEVEL Office of Mississippi State Director								SEVENTH LEVEL	
FOURTH LEVEL Rural Housing Staff								EIGHTH LEVEL	
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor Date TITLE: Chief, Rural Housing								21. CERTIFICATION BY  State Director's Manual Signature (DATE) (SIGNATURE) TITLE: State Director (or Acting)	
POSITION BEING REVISED OR REPLACED									
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER	
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH		
NOTE: COMPLETE ITEMS 22 THROUGH 29 ONLY IF CODE '2' OR CODE '4' HAS BEEN ENTERED IN BLOCK 6. COMPLETE EACH BLOCK WITH DATA AS IT APPLIES TO THE POSITION BEING REVISED OR REPLACED. ENTER ALL CODES EVEN THOUGH SOME MAY BE THE SAME AS FOR THE NEW POSITION.									
24. PAY PLAN	25. OCCUP. SERIES CODE		26. GRADE		27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION
									STATE CODE
									CITY CODE
									COUNTY CODE
30. REMARKS:(DESCRIPTION OF DUTIES ATTACHED)									

FORM AD-332  
(REV. 1-75)

SEE REVERSE FOR INSTRUCTIONS

(7-2-76) "P" PN 638

1

AGENCY USE

Form AD-332 prepared in offices with delegated classification authority.

Refer to Exhibit D for the number of copies and distribution.

Refer to chapter II, Appendix N, of MODE Manual for instructions on individual blocks.

Block 3: A new position requires a new position number.

FLSA Status and SUPV/MGR blocks are always completed.

MOHR EMP Code block is completed for positions at the grade level GS-12 and above.

Block 6: Codes 1 and 3 indicate classification of a new position.

Block 10: In agency line, type "Classified under delegated authority:"

Blocks 10-13: Official position title, pay plan, occupational series, grade, effective date, and classification delegate's initials are inserted in field line.

Blocks 22-29: These blocks are left blank if block 6 is coded 1, 3, 5, or 6; completed if block 6 is coded 2 or 4.

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 0829	3. PERSONNEL POSITION NUMBER DE382	4. STANDARD JOB NUMBER	FLSA STATUS 1 0-NO 1-YES	SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE		
<b>POSITION DESCRIPTION</b>												
5. SENSITIVE POSITION CODE 0 0 - NO 1 - NON-CRITICAL 2 - CRITICAL		6. REASON FOR SUBMISSION CODE 2 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION. 4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.				7. C.S.C. CERTIFICATION NO. 8. DATE OF CERTIFICATION 9. DATE RECEIVED FROM C.S.C.						
10. CLASSIFICATION ACTION				11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL		
CLASSIFIED BY -	OFFICIAL POSITION TITLE			PAY PLAN	OCCUP. SERIES CODE	FUNCT.	GRADE	MONTH	DAY	YEAR		
CSC												
DEPARTMENT	Classified under delegated authority:											
AGENCY	(This line will be completed by National Office Classification Authorities)							Class. Delegate				
FIELD	Clerk Typist			GS	322		04	10	27	74		
14. OFFICIAL POSITION TITLE (ABBREVIATED) CLK TYP				15. WORKING TITLE, IF ANY (ABBREVIATED) BUS SRVCS CLK								
16. FULL WORKING TITLE, IF ANY Business Services Clerk												
17. ORGANIZATIONAL STRUCTURE (CODES)				18. DUTY STATION								
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE
07	01	23	0004					Newark	DE	10	0360	003
19. NAME OF AGENCY								FIFTH LEVEL				
Farmers Home Administration												
SECOND LEVEL								SIXTH LEVEL				
Office of the Administrator												
THIRD LEVEL								SEVENTH LEVEL				
Office of Delaware State Director												
FOURTH LEVEL								EIGHTH LEVEL				
Administrative Management Staff												
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor Date TITLE: Administrative Officer								21. CERTIFICATION BY  State Director's Manual Signature (DATE) (SIGNATURE) TITLE: State Director (or Acting)				
POSITION BEING REVISED OR REPLACED												
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH					
07	01	23	0004					DE291				
24. PAY PLAN		25. OCCUP. SERIES CODE		26. GRADE		27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION		
GS		322		03		0829		07		STATE CODE	CITY CODE	COUNTY CODE
										10	0360	003
30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED)												

FORM AD-332  
(REV. 1-75)

SEE REVERSE FOR INSTRUCTIONS

(7-2-76) "P" PN 638

1

AGENCY USE

Form AD-332 prepared in offices without delegated classification authority.

Refer to Exhibit D for the number of copies and distribution.

Refer to chapter II, Appendix N, of MODE Manual for instructions on individual blocks.

Block 3: A new position in lieu of existing position requires a new position number.

FLSA Status and SUPV/MGR blocks are always completed.

MOHR EMP CODE block is completed for positions at the grade level GS-12 and above.

Block 6: Codes 2 and 4 indicate classification of a new position, in lieu of a former position.

Block 10: In department line, type "Classified under delegated authority:"

Block 10-13: Official position title, pay plan, occupational series, grade, and employment officer's initials are inserted in field line. The agency line is completed by the classification delegate.

Blocks 22-29: These blocks are completed if block 6 is coded 2 or 4; left blank if block 6 is coded 1, 3, 5, or 6.

Farmers Home Administration (FmHA)  
Position Description Format and Content Guidelines:

Official Title  
(Functional Title)

Schedule - Series Code - Grade  
Position No.

Principal Duties and Responsibilities:

1  
2  
3  
4  
and so forth

Notes: Individual duties items are numbered.

Show most important or grade controlling items first.

Be clear, concise, specific and avoid ambiguous terms.

Show estimated percentages of working time after individual items  
whenever this information is essential to determination of grade  
level of work performed in clerical or "mixed" positions.

Supervisory Relationships:

Narrative paragraph to include: Type of supervision received;  
supervision given, if any; and guidelines used.

Knowledge, Skill, and Ability Requirements:

1  
2  
3  
and so forth.

Notes: Individual items are numbered.

Requirements are expressed by degree. (See FmHA Instruction 230.5).

"P" PN 644  
7-24-76

(The position description is prepared in an original  
and four copies. Position description is typed on  
front (discontinue typing on the reverse side) of bond  
paper. Additional sheets may be needed to complete  
the job description.

DISTRIBUTION OF FORM AD-332 "POSITION DESCRIPTION,"  
AND POSITION DESCRIPTION ATTACHMENT

Abbreviations used in tabular chart:

Att.	Attachment	NFC	National Finance Center
Auth.	Authority	NO.	National Office
c. & cs.	Copy and copies	Off.	Official
Class.	Classified	OPF	Official Personnel Folder
Classif.	Classification	Orig.	Original
Descr.	Description	PE	Personnel
Distr.	Distribute	Pos.	Position
Emp.	Employee	Ret.	Retains
FO	Finance Office	Retd.	Returned
Init.	Initialed	SOP	Standards of Performance
		SO	State Office
		Supvr.	Supervisor

	<u>Form AD-332</u>	<u>Init., item 13 Signed, item 20 &amp; 21</u>	<u>Pos. Descr. &amp; SOP Att.</u>
FO & SO WITH CLASSIF. AUTH.:			
1	Ret. on file	Orig.	Yes
2	To NO	1 c.	Yes
3	To NFC by <u>Form AD-337*</u>	1 c.	(typed) No
4	Distr. remaining 3 pos. descr. & SOP cs.		(1) Emp. (2) Supvr. (3) Emp's OPF

SO WITHOUT CLASSIF.  
AUTH. SERVICES BY NO:

1	Sent to NO	Orig. & 1 c.	Orig. & 1 c.	Orig. & 1 c.
2	Retd. by NO to SO for off. file	Orig.	(Class. item 13 - 1 c.)	Yes
3	Sent to NFC by <u>Form AD-337*</u>	1 c. control copy	(typed)	No
4	Distr. remaining 3 pos. descr. & SOP cs.			(1) Emp. (2) Supvr. (3) Emp's OPF

\*Copy of Form AD-332 only sent to NFC when action applies to a vacant position.  
Refer to chapter II, section J, MODE Manual. Surplus copies of Form AD-332 may  
be destroyed.

Cases requiring special administrative clearance.

- a Whenever a draft of proposed duties statement is submitted with the memorandum justifying a new kind or level of a nonstandard position, the Form AD-332 and final position description attachment are not prepared until notice of approval is received. Regular distribution is then applicable.
- b The Form AD-332 for a position not within the authority of the classification delegate of the office (see paragraph 2045.652 (b) (i) of FmHA Instruction 2045-N) will be submitted in the same manner as shown for State Offices without classification authority serviced by the National Office.

FmHA Instruction 2048-D  
Exhibit E

UNITED STATES DEPARTMENT OF AGRICULTURE		1. AGENCY CODE 07	2. EMPL. OFF. CODE (Complete)	3. PERSONNEL POSITION NUMBER *16 Positions	4. STANDARD JOB NUMBER 66	FLSA STATUS 0 0-NO 1-YES		SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MONR EMP. CODE
POSITION DESCRIPTION									
5. SENSITIVE POSITION CODE		6. REASON FOR SUBMISSION CODE			7. C.S.C. CERTIFICATION NO.				
See Attached List 0 - NO 1 - NON-CRITICAL 2 - CRITICAL		2			8. DATE OF CERTIFICATION				
		1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.			4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.				
					9. DATE RECEIVED FROM C.S.C.				
10. CLASSIFICATION ACTION				11. CLASS		12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL
CLASSIFIED BY -	OFFICIAL POSITION TITLE			PAY PLAN	OCCUP. SERIES CODE	GRADE	MONTH	DAY	YEAR
CSC									
DEPARTMENT	Classified under delegated authority:								
AGENCY	Agricultural Management Specialist			GS	475		09	10	01 65
FIELD									HB**
14. OFFICIAL POSITION TITLE (ABBREVIATED)					15. WORKING TITLE, IF ANY (ABBREVIATED)				
AGRL MGMT SPECLST					ASST CO SUPVR				
16. FULL WORKING TITLE, IF ANY Assistant County Supervisor									
17. ORGANIZATIONAL STRUCTURE (CODES)					18. DUTY STATION				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME
07	01	XX	XXXX	XX				(See Attached List)	XX
								STATE CODE	CITY CODE
								XX	XXXX
								COUNTY CODE	XXX
19. NAME OF AGENCY					FIFTH LEVEL				
Farmers Home Administration					County Office				
SECOND LEVEL					SIXTH LEVEL				
Office of the Administrator									
THIRD LEVEL					SEVENTH LEVEL				
Office of State Director									
FOURTH LEVEL					EIGHTH LEVEL				
District									
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor Date TITLE: County Supervisor					21. CERTIFICATION BY 10/27/74 /s/ Frank B. Elliott (DATE) (SIGNATURE) TITLE: Administrator				
POSITION BEING REVISED OR REPLACED									
22. ORGANIZATIONAL STRUCTURE (CODES)					23. PERSONNEL POSITION NUMBER				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH		
24. PAY PLAN	25. OCCUP. SERIES CODE		26. GRADE	27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION	
								STATE CODE	CITY CODE
									COUNTY CODE
30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED) SJ-66**Redescription action approved MAA 3/5/70 Redescribed 10/3/67. This master classification action for SJ-66 standard position of Assistant County Supervisor GS-475-9 covers *16 positions in (State) budgetarily authorized for establishment under delegated employment authority. See attachment for position number, location and establishment date. *Enter appropriate number in pencil to permit continuing revision on AGENCY USE (7-2-76) "P" PN 638									



SJ66 ASSISTANT COUNTY SUPERVISOR GS-475-9 STANDARD POSITIONS  
ESTABLISHED IN NEBRASKA JURISDICTIONAL AREA AS FOLLOWS:

<u>POSITION NUMBER</u>	<u>LOCATION</u>	<u>DATE ESTABLISHED</u>	<u>DATE REDESCRIBED</u>	<u>ORIGINALLY CLASSIFIED AS NONSTANDARD</u>
NB698	Beatrice	07 17 66	11 05 67	
NB757	Albion	08 27 67	11 05 67	
NB766	Alliance	09 10 67	abolished 10-27-67	

Each of the above listed positions is "nonsensitive" unless specifically designated otherwise.

(7-2-76) "P" PN 638

1 (See reverse for instructions)

It is important that this record on each standard job be kept current. It is the only record of the establishment and abolishment of standard positions. The list should be posted at the time the personnel action is processed.

Add the column "Date Redescribed" and enter date of standard position "Redescription" action whenever such action is taken.

Add the column "Originally Classified as Nonstandard" and record date of position's original classification as "nonstandard" when position's conversion to "standard" is recorded in "Date Established" column.

"S" inserted following the position number indicates the position is "sensitive."

"T" inserted following the position number means "Temporary" to identify positions designated as temporary on basis of authorization memorandum.

Standard positions which have been administratively authorized but are pending final establishment by personnel action will be listed in pencil without position number until such time as establishment is accomplished.

When a position is abolished, the entire listing for the specific standard job will be lined out in ink and the effective date noted. Between the time a position is scheduled for abolishment and actually abolished, the position should be flagged "TBA" (to be abolished).

FmHA Instruction 2048-D  
Exhibit G

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 1444	3. PERSONNEL POSITION NUMBER VA701	4. STANDARD JOB NUMBER 69	FLSA STATUS 0 0-NO 1-YES	SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE
<b>POSITION DESCRIPTION</b>										
5. SENSITIVE POSITION CODE 0 0 - NO 1 - NON-CRITICAL 2 - CRITICAL		6. REASON FOR SUBMISSION CODE 1 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				7. C.S.C. CERTIFICATION NO.  8. DATE OF CERTIFICATION  9. DATE RECEIVED FROM C.S.C.				
10. CLASSIFICATION ACTION				11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL
CLASSIFIED BY -	OFFICIAL POSITION TITLE			PAY PLAN	OCCUP. SERIES CODE	FUNCT.	GRADE	MONTH	DAY	YEAR
CSC										
DEPARTMENT										
AGENCY	Established under delegated authority:									
FIELD	Agricultural Management Specialist			GS	475	94	09	10	27	74
14. OFFICIAL POSITION TITLE (ABBREVIATED) AGRL MGMT SPECLST				15. WORKING TITLE, IF ANY (ABBREVIATED) CO SUPVR						
16. FULL WORKING TITLE, IF ANY County Supervisor										
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION		
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE
07	01	45	0112	50				Rocky Mount	VA	45
								CITY CODE	COUNTY CODE	
								2110	067	
19. NAME OF AGENCY								FIFTH LEVEL		
Farmers Home Administration								Rocky Mount, Virginia, County Office		
SECOND LEVEL								SIXTH LEVEL		
Office of the Administrator										
THIRD LEVEL								SEVENTH LEVEL		
Office of Virginia State Director										
FOURTH LEVEL								EIGHTH LEVEL		
District 2										
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Suprvy. Relshps.) Signature of Immediate Supervisor _____ Date _____ TITLE: District Director								21. CERTIFICATION BY  State Director's Manual Signature (DATE) _____ (SIGNATURE) TITLE: State Director (or Acting)		
POSITION BEING REVISED OR REPLACED										
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER		
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH			
NOTE: COMPLETE ITEMS 22 THROUGH 29 ONLY IF CODE '2' OR CODE '4' HAS BEEN ENTERED IN BLOCK 6. COMPLETE EACH BLOCK WITH DATA AS IT APPLIES TO THE POSITION BEING REVISED OR REPLACED. ENTER ALL CODES EVEN THOUGH SOME MAY BE THE SAME AS FOR THE NEW POSITION.										
24. PAY PLAN	25. OCCUP. SERIES CODE		FUNCT.	26. GRADE	27. EMPLOYING OFFICE CODE		28. AGENCY CODE	29. DUTY STATION		
								STATE CODE	CITY CODE	COUNTY CODE
30. REMARKS:(DESCRIPTION OF DUTIES ATTACHED)										

FORM AD-332  
(REV. 1-75)

SEE REVERSE FOR INSTRUCTIONS

(7-2-76) "P" PN 638

1

AGENCY USE

FmHA Instruction 2048-D  
Exhibit G

Establishing a Vacant Standard Job In the Position Master.

Form is prepared in same manner in all offices, with or without classification authority.

Refer to chapter II, Appendix N, of MODE Manual for instructions on individual blocks.

FLSA Status and SUPV/MGR blocks are always completed.

MOHR EMP CODE block is completed for positions at the grade level GS-12 and above.

Blocks 6 and 22-29: If block 6 is coded 1 or 3, blocks 22 are left blank. If block 6 is coded 2 or 4, blocks 22-29 are completed. The standard job number is not shown in block 23, only the position number.

Block 10: Type in "Established under delegated authority" on the agency line.

Block 11: Refer to Exhibits A and B of FmHA Instruction <sup>2048-B</sup>~~211.5~~ for functional code, when applicable. "P" PN 645, 1-14-77

Block 13: Employment Officer's initials in this block.

The National Finance Center (NFC) control copy is transmitted to NFC by ~~Form AD-337~~, "Transmittal - Personnel and Payroll Forms."

The original is filed in manila folders prepared and filed under requirements of ~~paragraph II-A of FmHA Instruction 219.6~~. <sup>2048-I</sup>

One copy to National Office. "P" PN 645, 1-14-77

32048, 402(a)

FmHA Instruction 2048-D  
Exhibit H

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 0356	3. PERSONNEL POSITION NUMBER IA687	4. STANDARD JOB NUMBER	FLSA STATUS 1 0-NO 1-YES		SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE		
<b>POSITION DESCRIPTION</b>													
5. SENSITIVE POSITION CODE 0 0-NO 1-NON-CRITICAL 2-CRITICAL		6. REASON FOR SUBMISSION CODE 2 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.		7. C.S.C. CERTIFICATION NO.					
								8. DATE OF CERTIFICATION					
								9. DATE RECEIVED FROM C.S.C.					
10. CLASSIFICATION ACTION						11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL	
CLASSIFIED BY -	OFFICIAL POSITION TITLE					PAY PLAN	OCCUP. SERIES CODE FUNCT.		GRADE	MONTH	DAY		YEAR
CSC													
DEPARTMENT	Classified under delegated authority:												
AGENCY	Clerk Stenographer					GS	312		04	04	07	66	HB*
FIELD	Clerk Stenographer					GS	312		04	04	06	66	GLH
14. OFFICIAL POSITION TITLE (ABBREVIATED) CLK STENO						15. WORKING TITLE, IF ANY (ABBREVIATED)							
16. FULL WORKING TITLE, IF ANY													
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE	
07	01	14	0008					Des Moines	IA	14	2260	153	
19. NAME OF AGENCY								FIFTH LEVEL					
Farmers Home Administration													
SECOND LEVEL								SIXTH LEVEL					
Office of the Administrator													
THIRD LEVEL								SEVENTH LEVEL					
Office of Iowa State Director													
FOURTH LEVEL								EIGHTH LEVEL					
Rural Housing Staff													
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.  Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor Date TITLE: Chief, Rural Housing								21. CERTIFICATION BY					
								State Director's Manual Signature 04/20/67 (DATE) TITLE: State Director (or Acting)					
POSITION BEING REVISED OR REPLACED													
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	IA687					
07	01	14	0008										
24. PAY PLAN	25. OCCUP. SERIES CODE FUNCT.		26. GRADE		27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION				
GS	312		04		0356		07		STATE CODE	CITY CODE	COUNTY CODE		
									14	2260	153		
30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED)													
*Redescription action approved: MRK 04/24/67													

FORM AD-332  
(REV. 1-75)

(7-2-76) "P" PN 638

1 SEE REVERSE FOR INFORMATION  
AGENCY USE

Additional instructions on completing specific blocks on a redescription.

Block 6: Codes 2 and 4 (Codes 2 and 4 are used for both an in lieu of position and revision. See MODE Manual, chapter II, Appendix N, block 6).

Blocks 12 & 13: Transfer the date and manual initials from the superseded "Position Description" form (that is, blocks 13 and 14 of Form AD-332, dated 12-1-62, blocks 12 and 13 of Form AD-332 revised 5-68, 1-71 and 1-75), typing them in blocks 12 and 13, and add an asterisk after the initials.

Block 21: The State Director or Director, Finance Office, (or Acting) will sign and date for a current certification.

Blocks 22-29: Complete even though all entries, including position number, are repetitious of information in other blocks.

Block 30: Enter for current redescription: "\*Redescription action approved:"  
The approving classification delegate will manually add date and initials to complete this statement on all copies.

This redescription replaces the obsolete Form AD-332 and position description which should be destroyed.

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE	2. EMPL. OFF. CODE	3. PERSONNEL POSITION NUMBER	4. STANDARD JOB NUMBER	FLSA STATUS		SUPV/MGR		WORK EMP. CODE	
<b>POSITION DESCRIPTION</b>				07	0005	AL505		1	0-NO 1-YES	2	1-SUPV 2-NO 3-MGR		
5. SENSITIVE POSITION CODE		6. REASON FOR SUBMISSION CODE		7. C.S.C. CERTIFICATION NO.									
0		2		1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.					
0 - NO 1 - NON-CRITICAL 2 - CRITICAL								8. DATE OF CERTIFICATION					
								9. DATE RECEIVED FROM C.S.C.					
10. CLASSIFICATION ACTION						11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL	
CLASSIFIED BY -	OFFICIAL POSITION TITLE					PAY PLAN	OCCUP. SERIES		GRADE				
							CODE	FUNCT.		MONTH	DAY	YEAR	
CSC													
DEPARTMENT													
AGENCY	Classified under delegated authority:												
FIELD	Clerk Stenographer					GS	312		05	07	03	62	JBV*
14. OFFICIAL POSITION TITLE (ABBREVIATED)						15. WORKING TITLE, IF ANY (ABBREVIATED)							
CLK STENO													
16. FULL WORKING TITLE, IF ANY													
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE	
07	01	01	0004					Montgomery	AL	01	2130	101	
19. NAME OF AGENCY								FIFTH LEVEL					
Farmers Home Administration													
SECOND LEVEL								SIXTH LEVEL					
Office of the Administrator													
THIRD LEVEL								SEVENTH LEVEL					
Office of Alabama State Director													
FOURTH LEVEL								EIGHTH LEVEL					
Administrative Management Staff													
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Suprvy. Relshps.) Signature of Immediate Supervisor Date TITLE: Administrative Officer								21. CERTIFICATION BY  State Director's 06/02/67 Manual Signature (DATE) (SIGNATURE) TITLE: State Director (or Acting)					
POSITION BEING REVISED OR REPLACED													
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH						
07	01	01	0004					AL505					
24. PAY PLAN		25. OCCUP. SERIES		26. GRADE	27. EMPLOYING OFFICE CODE		28. AGENCY CODE	29. DUTY STATION					
07		312		05	0005		07	STATE CODE	CITY CODE	COUNTY CODE			
								01	2130	101			
30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED)													
Redescription of position originally classified 04/30/50. *Redescription action approved: HWL 06/30/67.													

FORM AD-332  
(REV. 1-75)

SEE REVERSE FOR COMMENTS

Additional instructions on completing specific blocks on a redescription of a redescription.

Block 6: Codes 2 and 4 (Codes 2 and 4 are used for both an in lieu of position and revision. See MODE Manual, chapter II, Appendix N, block 6).

Blocks 12 & 13: Transfer the date and manual initials from the superseded "Position Description" form (blocks 13 and 14 of Form AD-332 dated 12-1-62, and blocks 12 and 13 of Form AD-332 revised 5-68, 1-71 and 1-75), typing them in blocks 12 and 13, and add an asterisk after the initials.

Block 21: The State Director or Director, Finance Office, (or Acting) will sign and date for a current certification.

Blocks 22 and 29: Complete even though all entries, including position number, are repetitious of information in other blocks.

Block 30: Type any information available concerning dates of previous redescrptions. Enter for current redescription: "\*Redescription action approved:" The approving classification delegate will manually add date and initials to complete this statement on all copies.

This redescription replaces the obsolete Form AD-332 and position description which should be destroyed.



UNITED STATES DEPARTMENT OF AGRICULTURE  
FARMERS HOME ADMINISTRATION

To :

From :

Subject: Change in Position Description

Your official position description has been changed as indicated below. Only that portion of this memorandum appearing under the heading which has been checked applies to the

position description for your position, number \_\_\_\_\_, titled:

- ☐ **REDESCRIPTION:** Your position description has been revised for editorial purposes to bring the material up-to-date. There is no basic change in your previously approved work assignment. A copy of the revised position description is attached for your personal records to replace the one you now have. Since this revision is now your official position description, a copy has also been placed in your personnel folder and all other official personnel records of your position description have been changed accordingly. Your supervisor has also been given a copy of your revised position description.
- ☐ **CONVERSION:** Your position has been converted (see <sup>§ 2048.4(b)</sup> ~~paragraph IV B~~ of FHA Instruction 210.1:2048-A)
- JPB  
12/8/71*
- ☐ from standard to nonstandard
- ☐ from nonstandard to standard
- ☐ **AMENDMENT:** Your position description has been amended to adjust or realign terminology, references or other items to conditions which have arisen since original preparations. These changes are not significant enough to warrant a complete redescription and there is no significant change in your assigned duties. All official personnel records have been conformed and a copy of this letter has been forwarded to your supervisor. Your personal copy of the position description should be corrected as follows:

☐ Attachment  
(7-2-76) "P" PN 638

FmHA Instruction 2048-D  
Exhibit J

This form is used to notify an employee and his supervisor of a change in his position description. A copy is also filed on the temporary side of the official personnel folder. States with classification authority will also send a copy to the National Office to conform their records if the change in an amendment.

The form is addressed to the employee and from the Employment Officer.

In the first paragraph, enter the position number and title.

Check the appropriate block or blocks to indicate the type of classification action. If it is an amendment action, follow this paragraph with the corrections to be made in the description.

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 0154	3. PERSONNEL POSITION NUMBER CL640	4. STANDARD JOB NUMBER	FLSA STATUS 0 0-NO 1-YES	SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MONR EMP. CODE N999		
<b>POSITION DESCRIPTION</b>												
5. SENSITIVE POSITION CODE 0 0-NO 1-NON-CRITICAL 2-CRITICAL		6. REASON FOR SUBMISSION CODE 2 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.		7. C.S.C. CERTIFICATION NO.				
								8. DATE OF CERTIFICATION				
								9. DATE RECEIVED FROM C.S.C.				
10. CLASSIFICATION ACTION						11. CLASS		12. EFFECTIVE DATE (APPROVAL DATE)		13. INITIAL		
CLASSIFIED BY -	OFFICIAL POSITION TITLE				PAY PLAN	OCCUP. SERIES CODE FUNCT.		GRADE	MONTH	DAY	YEAR	
CSC												
DEPARTMENT												
AGENCY	Classified under delegated authority:											
FIELD	Civil Engineer				GS	810		12	10	27	74	
										Class. Delegate		
14. OFFICIAL POSITION TITLE (ABBREVIATED) CIVIL ENGR						15. WORKING TITLE, IF ANY (ABBREVIATED)						
16. FULL WORKING TITLE, IF ANY												
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE
07	01	08						Denver	CL	05	0600	031
19. NAME OF AGENCY Farmers Home Administration								FIFTH LEVEL				
SECOND LEVEL Office of the Administrator								SIXTH LEVEL				
THIRD LEVEL Office of Colorado State Director								SEVENTH LEVEL				
FOURTH LEVEL								EIGHTH LEVEL				
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Suprvy. Relshps.) Signature of Immediate Supervisor TITLE: State Director								21. CERTIFICATION BY  10/24/74 (DATE) State Director's Manual Signature (SIGNATURE) TITLE: State Director (or Acting)				
POSITION BEING REVISED OR REPLACED												
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH					
07	01	08	0005					CL640				
24. PAY PLAN	25. OCCUP. SERIES CODE FUNCT.		26. GRADE	27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION				
GS	810		12	0154		07		STATE CODE 05	CITY CODE 0600	COUNTY CODE 031		
30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED) Redescription and conversion to nonstandard position without change in duties and responsibilities of an SJ-110 position established 03/20/70.												

FORM AD-332  
(REV. 1-75)

Form AD-332 converting a standard job to nonstandard.

The number of copies and distribution will be the same as for a new non-standard position.

The position number entered in block 3 is the same as previously assigned to the standard position.

The "SJ" identification number is omitted in block 4.

MOHR EMP CODE block is completed for positions at the grade level GS-12 and above.

Show code 2 or 4 in block 6.

Complete blocks 22-29 even though the same information is given elsewhere on the form.

In block 30 type the following or comparable statement: "Conversion (or 'Redescription and conversion,' when appropriate) to nonstandard position without change in duties of an SJ (number) position established (date)."

A classification delegate must date and initial items 12 and 13.

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 1617	3. PERSONNEL POSITION NUMBER 14223	4. STANDARD JOB NUMBER	FLSA STATUS 1 0-NO 1-YES		SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE	
<b>POSITION DESCRIPTION</b>												
5. SENSITIVE POSITION CODE 0 0-NO 1-NON-CRITICAL 2-CRITICAL		6. REASON FOR SUBMISSION CODE 2 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.		7. C.S.C. CERTIFICATION NO.				
								8. DATE OF CERTIFICATION				
								9. DATE RECEIVED FROM C.S.C.				
10. CLASSIFICATION ACTION						11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)		13. INITIAL	
CLASSIFIED BY -	OFFICIAL POSITION TITLE					PAY PLAN	OCCUP. SERIES CODE	FUNCT.	GRADE	MONTH	DAY	YEAR
CSC												
DEPARTMENT	Classified under delegated authority:											
AGENCY	Classification Clerk (Stenography)					GS	203		05	10	07	65
FIELD												
14. OFFICIAL POSITION TITLE (ABBREVIATED)						15. WORKING TITLE, IF ANY (ABBREVIATED)						
CLASSIFN CLK STENY						CLASSIFN CLK						
16. FULL WORKING TITLE, IF ANY Classification Clerk												
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE
07	03	00	0001	02				Washington	D.C.	11	0010	001
19. NAME OF AGENCY								FIFTH LEVEL				
Farmers Home Administration								Classification Branch				
SECOND LEVEL								SIXTH LEVEL				
Deputy Administrator Financial and Administrative Operations												
THIRD LEVEL								SEVENTH LEVEL				
FOURTH LEVEL								EIGHTH LEVEL				
Personnel Division												
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor Date								21. CERTIFICATION BY  Current Date Employment Officer's Manual Signature (DATE) (SIGNATURE) TITLE: Chief, Classification Branch TITLE: Employment Officer				
POSITION BEING REVISED OR REPLACED												
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER				
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	14223				
07	03	00	0001	02								
24. PAY PLAN	25. OCCUP. SERIES CODE		FUNCT.		26. GRADE	27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION		
GS	203				05	1617		07		STATE CODE 11	CITY CODE 0010	COUNTY CODE 001
30. REMARKS:(DESCRIPTION OF DUTIES ATTACHED)												
Title of Personnel Clerk revised in both official and working title 04/04/67 due to change in CSC Classification Standards.												

FORM AD-332  
(REV. 1-75)

Change in title and/or series code for nonstandard position.

Retyped form will be prepared in the same number of copies as required for a new position. The information thereon will be verbatim to that on the existing Form AD-332 except:

Enter code 2 or 4 in block 6.

Enter the new title and/or series code in blocks 10 and 11.

Type the original classification date and manual initials in blocks 12 and 13.

Complete blocks 22-29 even though all entries, including position number, are repetitious of information in other blocks.

Include an explanatory statement under block 30, for example, "Title of (old title) and series code (old code) revised (date change effected) due to change in CSC position classification standards."

Employment Officers will sign with the current date. The approval initials of a classification delegate are not required.

This Form is stapled on top of original Form AD-332.

FmHA Instruction 2048-D  
Exhibit M

UNITED STATES DEPARTMENT OF AGRICULTURE				1. AGENCY CODE 07	2. EMPL. OFF. CODE 0356	3. PERSONNEL POSITION NUMBER IA369	4. STANDARD JOB NUMBER 69	FLSA STATUS 0 0-NO 1-YES		SUPV/MGR 2 1-SUPV 2-NO 3-MGR	MOHR EMP. CODE		
<b>POSITION DESCRIPTION</b>													
5. SENSITIVE POSITION CODE  0 0-NO 1-NON-CRITICAL 2-CRITICAL		6. REASON FOR SUBMISSION CODE 2 1. ESTABLISH A NEW PERMANENT POSITION. 2. ESTABLISH A NEW PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 3. ESTABLISH A NEW OTHER THAN PERMANENT POSITION.				4. ESTABLISH A NEW OTHER THAN PERMANENT POSITION IN LIEU OF AN EXISTING POSITION. 5. REESTABLISH A PERMANENT POSITION. 6. REESTABLISH AN OTHER THAN PERMANENT POSITION.		7. C.S.C. CERTIFICATION NO.					
								8. DATE OF CERTIFICATION					
								9. DATE RECEIVED FROM C.S.C.					
10. CLASSIFICATION ACTION						11. CLASS			12. EFFECTIVE DATE (APPROVAL DATE)			13. INITIAL	
CLASSIFIED BY -	OFFICIAL POSITION TITLE					PAY PLAN	OCCUP. SERIES CODE	FUNCT.	GRADE	MONTH	DAY		YEAR
CSC													
DEPARTMENT													
AGENCY	Established under delegated authority:												
FIELD	Agricultural Management Specialist					GS	475	94	09	07	18	64	
14. OFFICIAL POSITION TITLE (ABBREVIATED)  AGRL MGMT SPECLST						15. WORKING TITLE, IF ANY (ABBREVIATED)  CO SUPVR							
16. FULL WORKING TITLE, IF ANY County Supervisor													
17. ORGANIZATIONAL STRUCTURE (CODES)								18. DUTY STATION					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	CITY NAME	STATE NAME	STATE CODE	CITY CODE	COUNTY CODE	
07	01	14	0112	15				Dubuque	IA	14	2430	061	
19. NAME OF AGENCY								FIFTH LEVEL					
Farmers Home Administration								Dubuque, Iowa County Office					
SECOND LEVEL								SIXTH LEVEL					
Office of the Administrator													
THIRD LEVEL								SEVENTH LEVEL					
Office of Iowa State Director													
FOURTH LEVEL								EIGHTH LEVEL					
District 2													
20. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. Immediate Supervisor's Manual Signature (stated in job des. under Supvry. Relshps.) Signature of Immediate Supervisor TITLE: District Director								21. CERTIFICATION BY  Current Date (DATE) State Director's Manual Signature (SIGNATURE) TITLE: State Director (or Acting)					
POSITION BEING REVISED OR REPLACED													
22. ORGANIZATIONAL STRUCTURE (CODES)								23. PERSONNEL POSITION NUMBER					
1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	IA369					
07	01	14	0112	15									
24. PAY PLAN	25. OCCUP. SERIES CODE		26. GRADE		27. EMPLOYING OFFICE CODE		28. AGENCY CODE		29. DUTY STATION				
GS	475		94		0356		07		STATE CODE	CITY CODE	COUNTY CODE		
									14	2430	061		

30. REMARKS: (DESCRIPTION OF DUTIES ATTACHED)

Title of Farm Management Supervisor revised 11/05/67 due to change in CSC position classification standards.

(7-2-76) "P" PN 638

FORM AD-332  
(REV. 1-75)

Form AD-332 prepared to notify National Finance Center (NFC) of the change in title or series code for a vacant standard position.

Prepare the same number of copies of Form AD-332 as required for a new position. The information will be the same as that of record on master facsimile attachment and related position and code records furnished to NFC except:

Enter code 2 or 4 in block 6.

Enter the new title and/or series code in blocks 10 and 11.

Type the date the position was originally established in block 12. No initials will be typed in block 13.

Complete blocks 22-29 even though all entries, including position number, are repetitious of information in other blocks.

Include an explanatory statement under block 30, for example, "Title of (old title) and series code (old code) revised (date change effected) due to change in CSC position classification standards."

Employment Officer will sign in block 21, with the current date. The approval initials of a classification delegate are not required.

The NFC control copy is transmitted to NFC by Form AD-337, "Transmittal - Personnel and Payroll Forms." One copy to National Office.

The original is filed in manila folders prepared and filed under requirements of ~~paragraph II A of FmHA Instruction 219.6. 2048-I.~~  
32048.402 (a)

1-14-77  
1-14-77